

Form HIS-2 (9-2-87)	U.S. Department of Commerce Bureau of the Census	NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).
Alcohol Questionnaire		

1. RO	2. Sample	3. Control PSU	number Segment	Serial	4. Person number	5. Interviewer's name	Code
-------	-----------	-------------------	-------------------	--------	---------------------	-----------------------	------

RT 89
3-4

INSTRUCTIONS —In COLUMN 1, please circle the answer that best describes the number of times each of these things has happened to you IN THE PAST 12 MONTHS . Complete column 1 for each question first. Then go back and in COLUMN 2, circle "Yes" or "No" if any of these things have or have not ever happened to you IN YOUR ENTIRE LIFE . If you need any help ask me for assistance.	COLUMN 1 IN THE PAST 12 MONTHS how many times have you...	COLUMN 2 In your ENTIRE LIFE have you ever...
1. Had a strong desire or urge to drink?	0 1 2-3 4 or more	1Yes 2No
2. Started drinking even though you hadn't intended to?	0 1 2-3 4 or more	1Yes 2No
3. Ended up drinking much more than you intended to?	0 1 2-3 4 or more	1Yes 2No
4. Found it difficult to stop drinking once you had started?	0 1 2-3 4 or more	1Yes 2No
5. Driven a car after having had too much to drink?	0 1 2-3 4 or more	1Yes 2No
6. Been sick or vomited after drinking, or the morning after?	0 1 2-3 4 or more	1Yes 2No
7. Done things when drinking that could have caused you to be hurt?	0 1 2-3 4 or more	1Yes 2No
8. Felt the effects of alcohol sooner than you used to?	0 1 2-3 4 or more	1Yes 2No
9. Kept on drinking for a longer period of time than you intended to?	0 1 2-3 4 or more	1Yes 2No
10. Found that the same amount of alcohol had less effect than before?	0 1 2-3 4 or more	1Yes 2No
11. Felt depressed, irritable, or nervous after drinking, or the morning after?	0 1 2-3 4 or more	1Yes 2No
12. Felt powerless over your drinking?	0 1 2-3 4 or more	1Yes 2No
13. Sought help from family, friends, professionals or self-help groups about your drinking?	0 1 2-3 4 or more	1Yes 2No
14. Had a spouse or someone you lived with threaten to leave you because of your drinking?	0 1 2-3 4 or more	1Yes 2No
15. Gone on benders or binges that lasted two or more days?	0 1 2-3 4 or more	1Yes 2No
16. Tried to cut down or stop drinking and found you couldn't do it?	0 1 2-3 4 or more	1Yes 2No
17. Found yourself sweating heavily or shaking after drinking, or the morning after?	0 1 2-3 4 or more	1Yes 2No
18. Given up or cut down on activities or interests like sports or associations with friends, in order to drink?	0 1 2-3 4 or more	1Yes 2No
19. Been unable to remember some of the things you did while drinking?	0 1 2-3 4 or more	1Yes 2No
20. Needed a drink so badly you couldn't think of anything else?	0 1 2-3 4 or more	1Yes 2No
21. Found that you had to drink more than you once did to get the same effect?	0 1 2-3 4 or more	1Yes 2No

Alcohol Questionnaire — Continued

	COLUMN 1					COLUMN 2		
	IN THE PAST 12 MONTHS how many times have you...					In your ENTIRE LIFE have you ever...		
22. Stayed away from work or gone to work late because of drinking or a hangover?	0	1	2-3	4 or more	47	1Yes	2No	48
23. Spent money on drink that was needed for essentials like food, or bills?	0	1	2-3	4 or more	49	1Yes	2No	50
24. Lost ties with or drifted apart from a family member or friend because of your drinking?	0	1	2-3	4 or more	51	1Yes	2No	52
25. Gotten drunk instead of doing the things you were supposed to do?	0	1	2-3	4 or more	53	1Yes	2No	54
26. Had a doctor suggest that you cut down or stop drinking alcohol?	0	1	2-3	4 or more	55	1Yes	2No	56
27. Continued to drink alcohol even though it was a threat to your health?	0	1	2-3	4 or more	57	1Yes	2No	58
28. Lost a job, or nearly lost one, because of drinking?	0	1	2-3	4 or more	59	1Yes	2No	60
29. Had family, friends or co-workers suggest that you stop or cut down on your drinking?	0	1	2-3	4 or more	61	1Yes	2No	62
30. Done things when drinking that could have caused someone else to be hurt?	0	1	2-3	4 or more	63	1Yes	2No	64
31. Felt uneasy if alcohol was not around in case you wanted a drink?	0	1	2-3	4 or more	65	1Yes	2No	66
32. Spent a lot of time drinking, or getting over the effects of drinking?	0	1	2-3	4 or more	67	1Yes	2No	68
33. Been so hungover that it interfered with doing things you were supposed to do?	0	1	2-3	4 or more	69	1Yes	2No	70
34. Kept drinking even though it caused you emotional problems?	0	1	2-3	4 or more	71	1Yes	2No	72
35. Had your chances for promotion, raises, or better jobs hurt by your drinking?	0	1	2-3	4 or more	73	1Yes	2No	74
36. Heard or seen things that weren't really there after drinking, or the morning after?	0	1	2-3	4 or more	75	1Yes	2No	76
37. Taken a drink to keep yourself from shaking or feeling sick either after drinking, or the morning after?	0	1	2-3	4 or more	77	1Yes	2No	78
38. Kept drinking even though it caused you problems at home, work, or school?	0	1	2-3	4 or more	79	1Yes	2No	80
39. Attended a meeting of Alcoholics Anonymous (AA) because of your drinking?	0	1	2-3	4 or more	81	1Yes	2No	82
40. Been arrested or had trouble with the police because of your drinking?	0	1	2-3	4 or more	83	1Yes	2No	84
41. Wanted to cut down or stop your drinking and found you couldn't do it?	0	1	2-3	4 or more	85	1Yes	2No	86

FORM HIS-2 (9-2-87)

Form HIS-3 (9-2-87)	U.S. Department of Commerce Bureau of the Census	NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).
Alcohol Questionnaire		

1. RO	2. Sample	3. Control number PSU	number Segment	Serial	4. Person number	5. Interviewer's name	Code
-------	-----------	--------------------------	-------------------	--------	---------------------	-----------------------	------

INSTRUCTIONS—Please circle "Yes" or "No" if any of these things have or have not ever happened to you IN YOUR ENTIRE LIFE. If you need any help ask me for assistance.

IN YOUR ENTIRE LIFE HAVE you ever...		RT 90
		3-4
1. Had a strong desire or urge to drink?	1Yes 2No	5
2. Started drinking even though you hadn't intended to?	1Yes 2No	6
3. Ended up drinking much more than you intended to?	1Yes 2No	7
4. Found it difficult to stop drinking once you had started?	1Yes 2No	8
5. Driven a car after having had too much to drink?	1Yes 2No	9
6. Been sick or vomited after drinking, or the morning after?	1Yes 2No	10
7. Done things when drinking that could have caused you to be hurt?	1Yes 2No	11
8. Felt the effects of alcohol sooner than you used to?	1Yes 2No	12
9. Kept on drinking for a longer period of time than you intended to?	1Yes 2No	13
10. Found that the same amount of alcohol had less effect than before?	1Yes 2No	14
11. Felt depressed, irritable, or nervous after drinking, or the morning after?	1Yes 2No	15
12. Felt powerless over your drinking?	1Yes 2No	16
13. Sought help from family, friends, professionals or self-help groups about your drinking?	1Yes 2No	17
14. Had a spouse or someone you lived with threaten to leave you because of your drinking?	1Yes 2No	18
15. Gone on benders or binges that lasted two or more days?	1Yes 2No	19
16. Tried to cut down or stop drinking and found you couldn't do it?	1Yes 2No	20
17. Found yourself sweating heavily or shaking after drinking, or the morning after?	1Yes 2No	21
18. Given up or cut down on activities or interests like sports or associations with friends, in order to drink?	1Yes 2No	22
19. Been unable to remember some of the things you did while drinking?	1Yes 2No	23
20. Needed a drink so badly you couldn't think of anything else?	1Yes 2No	24
21. Found that you had to drink more than you once did to get the same effect?	1Yes 2No	25

Continue on reverse

Alcohol Questionnaire — Continued

INSTRUCTIONS—Please check “Yes” or “No” if any of these things have or have not ever happened to you IN YOUR ENTIRE LIFE. If you need any help ask me for assistance.

IN YOUR ENTIRE LIFE have you ever...	1Yes	2No	
22. Stayed away from work or gone to work late because of drinking or a hangover?			26
23. Spent money on drink that was needed for essentials like food, or bills?			27
24. Lost ties with or drifted apart from a family member or friend because of your drinking?			28
25. Gotten drunk instead of doing the things you were supposed to do?			29
26. Had a doctor suggest that you cut down or stop drinking alcohol?			30
27. Continued to drink alcohol even though it was a threat to your health?			31
28. Lost a job, or nearly lost one, because of drinking?			32
29. Had family, friends or co-workers suggest that you stop or cut down on your drinking?			33
30. Done things when drinking that could have caused someone else to be hurt?			34
31. Felt uneasy if alcohol was not around in case you wanted a drink?			35
32. Spent a lot of time drinking, or getting over the effects of drinking?			36
33. Been so hungover that it interfered with doing things you were supposed to do?			37
34. Kept drinking even though it caused you emotional problems?			38
35. Had your chances for promotion, raises, or better jobs hurt by your drinking?			39
36. Heard or seen things that weren't really there after drinking, or the morning after?			40
37. Taken a drink to keep yourself from shaking or feeling sick either after drinking, or the morning after?			41
38. Kept drinking even though it caused you problems at home, work, or school?			42
39. Attended a meeting of Alcoholics Anonymous (AA) because of your drinking?			43
40. Been arrested or had trouble with the police because of your drinking?			44
41. Wanted to cut down or stop your drinking and found you couldn't do it?			45

FORM HIS-3 (9-2-87)